

## **Department of Finance & Administration** Office of Accounting

GENERAL LEDGER ACCOUNT REQUEST

Requestor: Business Area: Phone: Email:	Date:					
Add:	Change: Delete			elete:		
Suggested Account Number (10 Character) - Optional						
Suggested Commitment Item:						
	:		:			
Suggested Reporting Category:						
Changes Needed	s of business proces	ss it supports				
Suggested Long Title (50 Character Maximum)						
Suggested Short	Title (20 Character	Maximum)				
Received by:			Date: _			_
Approved by:			_ Date: _			_
Approved by:			_ Date: _			_
Remit form to:	Accounting, P.O. Box 3	3278 1509 W 7 <sup>th</sup> Ro	om 403 - Lit	tle Rock A	R 72203	

Email: joe.norton@dfa.state.ar.us or Melanie.hazeslip@dfa.state.ar.us

Fax: (501) 683-0823 Telephone: (501) 682-1675